Table 3. Summary of Blind Integrity Assessments

Study	Participant Blind Assessed	Monitor Blind Assessed	Quantitative Reporting	Description
Bershad et al (2019)[87]	X		X	This was a study of LSD microdosing using doses of 6.5, 13, 26 µg and placebo. No subject correctly guessed they had received a hallucinogen in the 6.5-µg condition. During the 13-µg condition, 2/20 (10%) correctly guessed they had received a hallucinogen. In the 26-µg condition, 6/20 (30%) correctly guessed they had received a hallucinogen.
Carbonaro et al (2018)[85]	X		X	Participants received different doses of psilocybin, placebo, and DXM and were instructed they could receive a placebo or a range of 38 other psychoactive drugs. After each session, they completed a questionnaire, indicating which of 14 psychoactive drugs was most similar to their experience. 14/20 (70%) chose placebo after placebo. For psilocybin sessions, the majority correctly selected classic hallucinogen—17/20 (85%) at 10 mg/70 kg, 16/20 (80%) at 20 mg/70 kg, and 18/20 (90%) at 30 mg/70 kg. After 400 mg DXM, only 2/20 (10%) selected classic hallucinogen. All had previously taken classic hallucinogens and dissociative anesthetics.
Gasser et al (2014)[102]	X	X	X	Participants correctly guessed the dose of LSD (200 µg or 20 µg) administered in all 24 blinded sessions. Participants stated they were "very certain" about their guesses in 20/24 (83%) instances. Both therapists incorrectly guessed 20 µg as 200 µg once each, and were "very certain" in their guesses in 22/24 (92%) instances.
Griffiths et al (2006)[127]		X	X	This study used an instructional set in which participants and session monitors were informed they would receive 2 or 3 sessions, in at least one of which they would receive a moderate or high dose of psilocybin. They were informed they might also receive placebo or any of a list of 11 psychoactive drugs. They in fact each received high-dose psilocybin and methylphenidate. With these measures, 23% of sessions were misclassified by monitors—most often methylphenidate was classified as psilocybin. Measures of blind integrity were not collected from participants.
Griffiths et al (2011)[71]		X		This study used a range of psilocybin doses (5, 10, 20, and 30 mg/70 kg) administered in ascending or descending order, with placebo randomly interspersed. This dosing schedule was obscured from most staff. Although some staff who were blinded to drug condition on any given session were knowledgeable of the ascending vs descending design, other staff were blinded to this design, were assessed and unable to guess the dosing schedule. Measures of blind integrity were not collected from participants.
Griffiths et al (2016)[4]		X	X	Participants and monitors were told that participants would receive psilocybin in both sessions, ranging from a very low to high dose, with at least 1 moderate to high dose. In actual fact, a very low dose was received first following a high dose, or vice versa. 5/8 session monitors incorrectly guessed the study design. Monitors were also asked to guess the magnitude of drug dose administered on a visual analog scale. While ratings were significantly different between the high and low dose groups, there was some overlap in ratings.
Griffiths et al (2018)[135]		X	X	Participants and monitors were told that participants would receive psilocybin in every session, and that at least 1 session would involve a moderately high or high dose. All participants received at least 2 sessions and some received a third. The purpose of the third session was to help obscure the study design. None of the monitors was correctly able to guess the study design.
Grob et al (2011)[101]	X	X		This study did not quantify blind integrity testing, but stated "the drug order was almost always apparent to participants and investigators whether the treatment was psilocybin or placebo."
Palhano-Fontes et al (2019)[59]	X		X	This study utilized a sham ayahuasca placebo that looked and tasted like ayahuasca and induced nausea. In the study, 5/15 (33%) placebo recipients believed they had received ayahuasca. No ayahuasca participants believed they had received placebo. All were psychedelic naive and clinician-referred.
Ross et al (2016)[5]		X	X	Staff members correctly guessed the condition in 28/29 (97%) participants
Smart et al (1966)[121]	X	X	X	This study compared LSD 800 µg and ephedrine 60 mg in a between-participants design. Participants were not told which drug was being used. Moreover, "patients were unaware that two drugs were being used and they had no way of knowing which patients received lysergide. They were told that there is a great variation in how people react to the drug, that some react in a striking way and others only slightly." Therapists correctly guessed the drug in 19/20 (95%) of cases. In contrast, "in nearly every case" patients believed they received LSD ("Patients who got ephedrine interpreted it as a slight reaction to lysergide").
Soskin et al (1973)[21]		X	X	Therapists (not patients) were asked to guess the drug received. They guessed correctly 106/136 (78%) times. Broken down by drug condition, these were DPT: 51/72 (71%); Placebo: 55/64 (86%). Notably, DPT doses ranged from 15 mg to 30 mg and therapists were somewhat less successful in correctly identifying low dose (15–20 mg) DPT sessions.
Wikler et al (1965)[124]	X	NA (single-blind)		This study reported that participants "had previous experience with each of the drugs used (except in some cases, LSD-25), and were able to identify them by their effects on themselves (placebo was invariably reported as a 'blank')."
Holze et al, (2020)[26]	X		X	Participants correctly identified LSD 96% of the time (with 4% misidentifying it as MDMA), and placebo was correctly identified in all cases.
Holze et al (2021)[140,*]	X		X	"Generally, the 100 and 200 µg doses were identified as high doses, but these two doses could not be distinguished. The 25 µg dose of LSD was distinguished from placebo and identified correctly or as the 50 µg dose of LSD by most participants. Ketanserin and LSD together were identified correctly or mistaken as a low dose of LSD but never mistaken for a high dose of LSD."
Holze et al (2022)[141,*]	X		X	"Only one patient in the LSD-first group mistook LSD as placebo and realized that he had LSD the first time only when he received placebo during the second study phase."
Bogenschutz et al (2022)[142,*]	X	X	X	"Participants correctly guessed their treatment assignment in 93.6% of the first sessions, reporting a mean (SD) certainty of 88.5% (23.2%). In the second session, 94.7% guessed correctly, and mean (SD) certainty was 90.6% (21.5%). Study therapists correctly guessed treatment 92.4% of the time for first sessions and 97.4% for second sessions, and their mean (SD) certainties were 92.8% (16.3%) and 95.4% (2.9%), respectively."

*This study was published after the search time range of the systematic review.
Abbreviations: DXM = dextromethorphan, LSD = lysergic acid diethylamide, MDMA = 3,4-methylenedioxymethamphetamine.